

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.

3833

1. PLACE OF DEATH:

County..... Dorsey
City or town..... Dorsey
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death?..... Life
Hospital, institution, or street address where death occurred:
Washington Blvd at Dorsey Rd.
How long in hospital or institution?.....

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
State..... MD County..... Dorsey
City or town..... Dorsey
(If outside city or town limits, write RURAL and give nearest town)
Street No. Box 226 - Washington Blvd
(If rural, give LOCATION)
2.(a) If veteran, name war.....

3. (a) FULL NAME

Leroy D. Binder

3. (b) Social Security Number

4. Sex..... Male 5. Color or race..... White 6. (a) Single, married, widowed, or divorced..... Widowed

6. (b) Name of husband or wife..... Ella V.

7. Birth date of deceased (mo., day, yr.)..... Feb 9, 1862 6. (c) If alive, give age..... years

8. AGE: Years..... 89 Months..... 1 Days..... 23 If less than one day..... hrs..... min.....

9. Birthplace..... Dorsey, Md.
(Town, county, and state)

10. Usual occupation..... Farmer

11. Industry or business..... Farming for self

12. Name..... Leroy D. Binder

13. Birthplace..... Germany

14. Maiden name..... Mary

15. Birthplace..... Germany

16. Informant..... Mrs. E. F. Brinkley

Address..... Elkridge, 27, Md.

17. Burial, cremation, or removal (which)?..... burial Date thereof..... 4/4/51
(month) (day) (year)

Cemetery or crematory..... Trinity Ave

Location..... Dorsey, Md.

18. Funeral director..... John Kovacs & Son

Address..... 9612 Hallus St.

19. 401-51 Registrar..... L

MEDICAL CERTIFICATION

20. DATE OF DEATH..... April 1st 1951 at 12 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from..... Feb 1943 to..... Apr 11 1951
and that I last saw him alive on..... March 31 1951

Immediate cause of death..... Myocardial infarction
Due to..... arteriosclerosis
Due to..... hypertension
Other conditions..... 422.1
(Include pregnancy within 8 months of death)

Major findings of operation.....
Date of op.....

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur?..... (City or town)..... (County)..... (State).....

Injured at home, farm, industry, public place (where?).....

Means of injury..... Injured at work?.....

23. SIGNATURE..... Dr. B. Brinkley M. D. or other.....

Address..... Elkridge 27, Md. Date signed..... 4/4/51

MARGIN RESERVED FOR BINDING

1

VS A15 1945-15M

PLEASE WRITE PLAINLY; WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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OFFICE OF THE SECRETARY OF THE ARMY

WASHINGTON, D. C.

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 195

3834

1. PLACE OF DEATH- COUNTY <u>Hanover</u> MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED- STATE <u>Maryland</u> COUNTY <u>Hanover</u>	
CITY (If outside corporate limits, write RURAL and give nearest town) <u>Savage</u>		CITY (If outside corporate limits, write RURAL and give nearest town) <u>Savage</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS		STREET ADDRESS (If rural, give location)	
3. NAME OF DECEASED (Type or Print)	(First)	(Middle)	(Last)
<u>Mary</u>	<u>S</u>	<u>Busey</u>	
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Mar 1-1870</u>
			9. AGE last birthday <u>80</u> yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>	
11. BIRTHPLACE (State or foreign country) <u>Middletown Virginia</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13. FATHER'S NAME <u>John Walker</u>		14. MOTHER'S MAIDEN NAME <u>Susan Redding</u>	
15. Was DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
		17. INFORMANT AND ADDRESS <u>Miss Dorothy Mayhugh, Savage</u>	

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause

(a) Cerebral Haemorrhage.

Antecedent cause(s)

(b) Arterio-sclerosis + Hypertension

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY

(CITY OR TOWN)

(COUNTY)

(STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

20. AUTOPSY?

Yes ☐ No ☐22. I hereby certify that I attended the deceased from April 28, 1950, to April 28, 1951, that I last saw the deceasedalive on 4/28/51, and that death occurred at 8 p.m., from the causes and on the date stated above.

SIGNATURE

(Degree or title)

ADDRESS

DATE SIGNED

23. BURIAL CREMATION REMOVAL (Specify)

DATE THEREOF

NAME OF CEMETERY OR CREMATORY

LOCATION (City, town, or county)

(State)

DATE REC'D BY LOCAL REG.

REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR

ADDRESS

Burial April 30, 1951 Savage Cemetery, Savage, Maryland

4/29/51 Frank Shirley 1611 North Connelton Avenue, Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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MAY 3 1951
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

3835

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 191

1. PLACE OF DEATH - COUNTY <u>HOWARD</u> MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED - STATE <u>MARYLAND</u> COUNTY <u>BALTO. HOW.</u>	
CITY (If outside corporate limits, write RURAL and OR give nearest town) <u>RURAL - ELLICOTT CITY</u>		CITY (If outside corporate limits, write RURAL and give nearest town) <u>RURAL - ELLICOTT CITY</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>DANIELS Rd.</u>		STREET ADDRESS (If rural, give location) <u>DANIELS Rd.</u>	
3. NAME OF DECEASED (Type or Print)	(First) <u>SARAH</u> (Middle) <u>ESTELLE</u> (Last) <u>COBB</u>	4. DATE OF DEATH	(Month) <u>4</u> (Day) <u>14</u> (Year) <u>1951</u>
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>SINGLE</u>	8. DATE OF BIRTH <u>SEPT. 27, 1874</u>
9. AGE last birthday <u>76</u> yrs.		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSE WORK</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>NONE</u>
11. BIRTHPLACE (State or foreign country) <u>MARYLAND</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13. FATHER'S NAME <u>SAMUEL F. COBB</u>		14. MOTHER'S MAIDEN NAME <u>EMMA E. METZ</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u> (If yes, give war or dates of service) <u>-</u>		16. SOCIAL SECURITY No. <u>NONE</u>	
17. INFORMANT AND ADDRESS <u>DANIELS Rd. BROTHER - JAMES COBB - ELLICOTT CITY, Md.</u>			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause

(a) CARCINOMA OF BREAST & METASTASES6 MONTHS

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause, stating the underlying cause last

(b) -(c) -

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

Fall & fracture of elbow.

19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE (Home, farm, factory, street, OF office bldg., etc.) <u>INJURY</u>	(CITY OR TOWN)	(COUNTY)	(STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/>	HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from NOV. 25, 1949, to APRIL 14, 1951, that I last saw the deceased alive on 4/14, 1951, and that death occurred at 9:45 P. m., from the causes and on the date stated above.

SIGNATURE

(Degree or title)

ADDRESS

DATE SIGNED

Edwin G. Pierpont, M.D. 8027 LIBERTY Rd., BALTIMORE 7, Md.

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
<u>Burial</u>	<u>4-18-51</u>	<u>Louisa Park</u>	<u>Baltimore, Md.</u>	
DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS	
<u>April 16, 1951</u>	<u>John B. Loughman, Jr.</u>	<u>F.C. Higinbotham</u>	<u>Ellicott City, Md.</u>	

B.E.E.

MARGIN RESERVED FOR BINDING

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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APR 18 1951

BUREAU VISS

Items 8, 9 on:

FILM No. G 133 MAY 24 1951

MARYLAND STATE DEPARTMENT OF HEALTH

3836

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 191

1. PLACE OF DEATH COUNTY <u>Howard</u> MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED STATE <u>Maryland</u> COUNTY <u>Howard</u>	
CITY (If outside corporate limits, write RURAL and give nearest town) <u>Ellicott City</u> (rural)		CITY (If outside corporate limits, write RURAL and give nearest town) <u>Ellicott City</u> (rural)	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>Bethany Road</u>		STREET ADDRESS (If rural, give location) <u>Bethany Road</u>	
3. NAME OF DECEASED (Type or Print) <u>Isaac Fuller</u>		4. DATE OF DEATH (Month) <u>4-28-51</u> (Day) <u>19</u> (Year)	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>Colored</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>Married</u>	8. DATE OF BIRTH <u>4-15-1879</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Laborer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Paper Mill</u>	11. BIRTHPLACE (State or foreign country) <u>Howard Co. Md</u>
13. FATHER'S NAME <u>Joshua Fuller</u>		14. MOTHER'S MAIDEN NAME <u>Susan Smith</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service)		17. INFORMANT AND ADDRESS <u>Frances Fuller, Ellicott City, Md</u>	
16. SOCIAL SECURITY No. <u>215-12-5493</u>		12. CITIZEN OF WHAT COUNTRY?	

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause

(a)

Cerebral hemorrhage8 hours

Antecedent cause(s)

(b)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

arteriosclerotic heart disease with cardiac hypertrophy and auricular fibrillation10 yrs

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE

(Specify)

PLACE (Home, farm, factory, street, OF office bldg., etc.)
INJURY

(CITY OR TOWN)

(COUNTY)

(STATE)

TIME (Month) (Day) (Year) (Hour)
OF INJURYINJURY OCCURRED
While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan., 1941, to 4-28, 1951, that I last saw the deceasedalive on 4-28, 1951, and that death occurred at 3:30 P.m., from the causes and on the date stated above.

SIGNATURE

(Degree or title)

ADDRESS

DATE SIGNED

Charles F. Whitaker, M.D.Clarksville, Md.April 28, 1951

23. BURIAL, CREMATION, REMOVAL (Specify)

DATE THEREOF

NAME OF CEMETERY OR CREMATORY

LOCATION (City, town, or county)

(State)

DATE REC'D BY LOCAL REG.

REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR

ADDRESS

April 30, 1951John B. LoughranF.C. Higinbotham, Ellicott City, Md.Pu. B.E.L.690436

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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MAY 3 1951
BUREAU V. S.

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 19.1

3837

1. PLACE OF DEATH COUNTY <u>Howard</u> MARYLAND CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN <u>Ellicott City</u> HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>Columbia Road</u>		2. USUAL RESIDENCE (HOME) OF DECEASED STATE <u>Maryland</u> COUNTY <u>Howard</u> CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN <u>Ellicott City</u> STREET ADDRESS (If rural, give location) <u>Columbia Road</u>	
3. NAME OF DECEASED (Type or Print)	(First) <u>Nellie</u>	(Middle) <u>Louise</u>	(Last) <u>Graham</u>
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>Widow</u>	8. DATE OF BIRTH <u>5-30-1868</u>
9. AGE last birthday <u>82</u> yrs.		4. DATE OF DEATH <u>4-19-51</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>At Home</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>	
11. BIRTHPLACE (State or foreign country) <u>Frederick, Md</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13. FATHER'S NAME <u>William E. Beaty</u>		14. MOTHER'S MAIDEN NAME <u>Annie Neuse</u>	
15. WAS DECREASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>	
17. INFORMANT AND ADDRESS <u>Mrs. Clark Meads, Ellicott City, Md.</u>			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause

(a)

Arteriosclerotic Cardio-Vascular Disease

INTERVAL BETWEEN ONSET AND DEATH

5 years

Antecedent cause(s)

(b)

422.1 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

Yes ☐ No ☐21. ACCIDENT
SUICIDE
HOMICIDE

(Specify)

PLACE (Home, farm, factory, street, office bldg., etc.)
OF INJURY

(CITY OR TOWN)

(COUNTY)

(STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY

INJURY OCCURRED
While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1-1, 1949, to 4-18, 1951, that I last saw the deceasedalive on 4-18, 1951, and that death occurred at 7:45 A.M., from the causes and on the date stated above.

SIGNATURE

(Degree or title)

ADDRESS

DATE SIGNED

23. BURIAL, CREMATION
REMOVAL (Specify)

DATE THEREOF

NAME OF CEMETERY OR CREMATORY

LOCATION (City, town, or county)

(State)

DATE REC'D BY LOCAL
REG.

REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR

ADDRESS

April 22, 1951John B. LoughranF.C. HiginbothamEllicott City, Md.Per. O. B. E. L.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED

APR 24 1951

BUREAU V. S.

Evidence for addition MARYLAND STATE DEPARTMENT OF HEALTH
in 4 shown on:

UN No. G 132 APR 16 1951

CERTIFICATE OF DEATH FOR MEDICAL EXAMINERS

Reg. Dist. No. 191

1. PLACE OF DEATH- COUNTY <u>Howard</u> MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED- STATE <u>MARYLAND</u> COUNTY <u>HOWARD</u>	
CITY (If outside corporate limits, write RURAL and give nearest town) <u>Elliot City</u>		CITY (If outside corporate limits, write RURAL and give nearest town) <u>ELLICOTT CITY</u>	
TOWN <u>ELLICOTT CITY</u>		TOWN <u>ELLICOTT CITY</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS		STREET ADDRESS (If rural give location) <u>COLUMBIA PIKE</u>	
3. NAME OF DECEASED (Type or Print)		4. DATE OF DEATH	
(First) <u>CORNELIUS</u> (Middle) <u>GREEN</u> (Last)		(Month) <u>April</u> (Day) <u>9</u> (Year) <u>1951</u>	
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>COLORED</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>1895</u>
9. AGE last birthday <u>56</u> yrs.		10. If under 1 year Months Days Hours Mln.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Laborer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>none</u>	
11. BIRTHPLACE (State or foreign country) <u>Maryland</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>	
13. FATHER'S NAME <u>Marshall Green</u>		14. MOTHER'S MAIDEN NAME <u>Alice Green</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>Yes</u> (If yes, give year of service) <u>WW I</u>		16. SOCIAL SECURITY No. <u>216-12-8798</u>	
17. INFORMANT <u>Mrs. Alice Green Columbia Pike</u>			

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a)

Coronary Occlusion

INTERVAL BETWEEN ONSET AND DEATH Instant

Antecedent cause(s) (b)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c)

11. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

none

19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY

(CITY OR TOWN)

(COUNTY)

20. AUTOPSY?

Yes ☐ No ☒

TIME (Month) (Day) (Year) (Hour) OF INJURY

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

SIGNATURE

George E. Bunting

(Degree or title)

ADDRESS

Elliot City, Md.

DATE SIGNED

4-9-51

DEPUTY MEDICAL EXAMINER OF HOWARD COUNTY

23. BURIAL, CREMATION REMOVAL (Specify)

DATE THEREOF

NAME OF CEMETERY OR CREMATORY

LOCATION (City, town, or county)

(State)

Burial

4-13-51

National Cemetery

Baltimore, Md.

APR 11 1951

REGISTRAR'S SIGNATURE

MINISTERIAL DIRECTOR

ADDRESS

578 W. Biddle St.

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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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MAY 10 1951

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 3840
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1. PLACE OF DEATH- COUNTRY <u>Howard</u> MARYLAND <u>Maryland</u> STATE <u>Harford</u> COUNTY		2. USUAL RESIDENCE (HOME) OF DECEASED- CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN <u>Havre de Grace</u>	
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN <u>Ellicott City</u>		CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN <u>Havre de Grace</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>Pinel Clinic</u>		STREET ADDRESS (If rural, give location) <u>116 Wilson St.</u>	
3. NAME OF DECEASED (First) <u>Conrad</u> (Middle) <u>F</u> (Last) <u>Johnson</u>		4. DATE OF DEATH (Month) <u>April</u> (Day) <u>28</u> (Year) <u>1951</u>	
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>Married</u>	8. DATE OF BIRTH <u>7/20/92</u>
9. AGE last birthday <u>58</u> yrs.	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Storekeeper Aberdeen Proving Grounds.</u>		
11. BIRTHPLACE (State or foreign country) <u>Havre de Grace Md.</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
13. FATHER'S NAME <u>John C. Johnson</u>		14. MOTHER'S MAIDEN NAME <u>Kate Wilson</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>Robt. L. Johnson</u>	
17. INFORMANT AND ADDRESS <u>116 Bloomsbury St</u>		18. MEDICAL CERTIFICATION	

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause

(a) Uremia

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Due to Chronic Nephritis(c) Malignant hypertensionII. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? Yes <input type="checkbox"/> No <input type="checkbox"/>	
21. ACCIDENT (Specify) <u>SUICIDE</u>		PLACE (Home, farm, factory, street, OF office hldg., etc.) <u>HOMICIDE</u>		(CITY OR TOWN) (COUNTY) (STATE)	
TIME (Month) (Day) (Year) (Hour) OF INJURY		INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/>		HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from Apr 26, 1951 to Apr 28, 1951, that I last saw the deceased alive on Apr 28, 1951, and that death occurred at 3 A.m., from the causes and on the date stated above.

SIGNATURE

(Degree or title)

ADDRESS

DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		DATE THEREOF <u>5/1/51</u>		NAME OF CEMETERY OR CREMATORY <u>Angel Hill Cemetery</u>		LOCATION (City, town, or county) (State) <u>Havre de Grace Md.</u>	
DATE REC'D BY LOCAL REG. <u>May 1 - 1951</u>		REGISTRAR'S SIGNATURE <u>G. L. Lewis M.D.</u>		24. FUNERAL DIRECTOR <u>Pennington & Son</u>		ADDRESS <u>Havre de Grace Md.</u>	

John B. Loughran

390 916

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
MAY 4 1951
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 195

3841

1. PLACE OF DEATH- COUNTY <u>Howard</u> MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED- STATE <u>Guilford Rd Jessup P.O.</u> COUNTY <u>Howard</u>	
CITY (If outside corporate limits, write RURAL and give nearest town) TOWN <u>Guilford, Md.</u>		CITY (If outside corporate limits, write RURAL and give nearest town) TOWN <u>Guilford Rd. Guilford, Md.</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>Guilford Rd. Guilford, Md.</u>		STREET ADDRESS (If rural, give location) <u>Guilford Rd. Guilford, Md.</u>	
3. NAME OF DECEASED (Type or Print)	(First) <u>MARGARET</u>	(Middle) <u>ANN</u>	(Last) <u>KIRKPATRICK</u>
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>Widow</u>	8. DATE OF BIRTH <u>May 2, 1864</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE last birthday <u>86 yrs.</u>
13. FATHER'S NAME <u>Robert Taggart</u>		14. MOTHER'S MAIDEN NAME <u>Jane McBride</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY No. <u>None</u>	
17. INFORMANT AND ADDRESS <u>Mrs. Janet A. Kirkpatrick</u>		11. BIRTHPLACE (State or foreign country) <u>Maryland</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

450.0 Immediate cause (a) Arterio-sclerosis

97 Antecedent cause(s) (b) Senility

(c)

INTERVAL BETWEEN ONSET AND DEATH

2 yrs.1 yr.11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE (Home, farm, factory, street, OF office bldg., etc.) <u>INJURY</u>	(CITY OR TOWN)	(COUNTY)	(STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/>	HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from April 13, 1951, to April 23, 1951, that I last saw the deceased alive on April 23, 1951, and that death occurred at 2 P. m., from the causes and on the date stated above.

SIGNATURE

(Degree or title)

ADDRESS

DATE SIGNED

23. BURIAL CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
<u>Burial</u>	<u>Apr. 26, 1951</u>	<u>Granite Presby. Church Cem.</u>	<u>Granite</u>	<u>Md.</u>
DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS	
<u>4/24/51</u>	<u>Mark Shipley</u>	<u>Easton Sons</u>	<u>Ellicott City, Md.</u>	

MARGIN RESERVED FOR BINDING

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

APR 27 1951

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 191

1. PLACE OF DEATH COUNTY <u>Howard</u> MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED STATE <u>md</u> COUNTY	
CITY (If outside corporate limits, write RURAL and give nearest town) <u>Bella</u>		CITY (If outside corporate limits, write RURAL and give nearest town) <u>Bella</u>	
TOWN <u>Bella</u>		TOWN <u>Bella</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>Bella Ave.</u>		STREET ADDRESS <u>Bella Ave</u> (If rural give location)	
3. NAME OF DECEASED (Type or Print) <u>BENJAMIN</u>	(First) <u>L.</u> (Middle) <u>Miller</u> (Last)	4. DATE OF DEATH <u>Apr 8</u> 19 <u>51</u>	
5. SEX <u>M</u>	6. COLOR OR RACE <u>W.</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>July 18, 1880</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Laborer</u>		10b. KIND OF BUSINESS OR <u>Industry</u> <u>Textile</u>	9. AGE last birthday <u>70</u> yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
13. FATHER'S NAME <u>Henry Miller</u>		14. MOTHER'S MAIDEN NAME <u>Ella Bankert</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service) <u>None</u>		16. SOCIAL SECURITY No. <u>213-09-6165</u>	
17. INFORMANT <u>Ms Edna M. Miller</u>		(Same)	

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		18. MEDICAL CERTIFICATION	INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a) <u>Carcinoma of sigmoid</u>			<u>10 months</u>
Antecedent cause(s) (b) <u>153X</u>			
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c) <u>46a</u>			
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?	
	<u>adenocarcinoma of sigmoid</u>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN)	(COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/>	HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from 6-17, 1950, to 4-8, 1951, that I last saw the deceased alive on 4-5, 1951, and that death occurred at 11 am, from the causes and on the date stated above.

SIGNATURE George E. Suptor, MD ADDRESS Elliot City, Md DATE SIGNED 4-9-51

23. BURIAL, CREMATION REMOVAL (Specify)	DATE <u>4/11/51</u>	NAME OF CEMETERY OR CREMATORY <u>Good Shepherd</u>	LOCATION (City, town, or county) <u>Bella, Elliott Cy, Md</u>	(State)
DATE REC'D BY LOCAL REG. <u>4-9-51</u>	REGISTRAR'S SIGNATURE <u>[Signature]</u>	24. FUNERAL DIRECTOR <u>Mildred J. Blight</u>	ADDRESS <u>6009 Harford Rd</u>	

970 439

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 195

3843

1. PLACE OF DEATH- COUNTY <u>Lanard</u> MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED- STATE <u>Maryland</u> COUNTY <u>Lanard</u>	
CITY (If outside corporate limits, write RURAL and give nearest town) <u>Lanard Rural</u>		CITY (If outside corporate limits, write RURAL and give nearest town) <u>Lanard Rural</u>	
TOWN <u>Baltimore Blvd</u>		TOWN <u>Baltimore Blvd</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>Baltimore Blvd</u>		STREET ADDRESS <u>Baltimore Blvd</u>	
3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last) <u>EVA</u> <u>SCOVITCH</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>April</u> <u>17</u> <u>1957</u>	
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>widowed</u>	8. DATE OF BIRTH <u>Dec 12 1888</u>
9. AGE last birthday <u>62</u> yrs.		10. BIRTHPLACE (State or foreign country) <u>Zamosc Poland</u>	
11. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13. FATHER'S NAME <u>Basimic Scarran</u>		14. MOTHER'S MAIDEN NAME <u>—</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY No. <u>—</u>	
17. INFORMANT AND ADDRESS <u>John Scovitch</u> <u>Lanard, Md</u>			

18. MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
Immediate cause (a) <u>Coronary Thrombosis</u>		<u>12 hr</u>
Antecedent cause(s) (b) <u>Diabetes</u>		<u>12 yrs.</u>
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes <input type="checkbox"/> No <input type="checkbox"/>
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE (Home, farm, factory, street, OF office hldg., etc.) INJURY	(CITY OR TOWN) (COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/>	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12:51, to 4:17, 1957, that I last saw the deceased alive on 10:30, 1957, and that death occurred at 10 P m., from the causes and on the date stated above.

SIGNATURE <u>R B P Warran</u>	(Degree or title) <u>md</u>	ADDRESS <u>Lanard Md</u>	DATE SIGNED <u>4/20/57</u>
23. BURIAL CREMATION REMOVAL (Specify) <u>Burial</u>	DATE <u>4/20/57</u>	NAME OF CEMETERY OR CREMATORY <u>St Mary Cemetery</u>	LOCATION (City, town, or county) (State) <u>Lanard Maryland</u>
DATE REC'D BY LOCAL REG <u>4/19/57</u>	REGISTRAR'S SIGNATURE <u>Shankshirley</u>	24. FUNERAL DIRECTOR <u>De Wille Donaldson</u>	ADDRESS <u>Lanard Md</u>

MARGIN RESERVED FOR BINDING

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
APR 23 1951
BUREAU T. R.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.

3844

1. PLACE OF DEATH: COUNTY <u>Howard</u> MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED: STATE <u>Maryland</u> COUNTY <u>Howard</u>	
CITY (If outside corporate limits, write RURAL and give nearest town) <u>Chesidge</u>		CITY (If outside corporate limits, write RURAL and give nearest town) <u>Chesidge</u>	
TOWN <u>Chesidge</u>		TOWN <u>Chesidge</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>Route 4 Box 218</u>		STREET ADDRESS (If rural give location) <u>Route 4 Box 218 Wash. Blvd.</u>	
3. NAME OF DECEASED (First) <u>JOHN</u>	(Middle) <u>G</u>	(Last) <u>SMITH</u>	4. DATE OF DEATH (Month) <u>APRIL</u> (Day) <u>4</u> (Year) <u>1951</u>
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Sept 4, 1876</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>	9. AGE last birthday <u>74</u> yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
11. BIRTHPLACE (State or foreign country) <u>Maryland</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY No. <u>-</u>	
17. INFORMANT <u>Mrs. Edward Breitschwert</u>			

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		18. MEDICAL CERTIFICATION	INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a) <u>Heart Failure</u>		<u>myocardial infarction (coronary arteriosclerosis, generalized)</u>	<u>4 mo.</u>
Antecedent cause(s) (b) <u>420.1</u>			
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c) <u>94a</u>			
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes <input type="checkbox"/> No <input type="checkbox"/>	

21. ACCIDENT (Specify) <u>-</u>	PLACE (Home, farm, factory, street, office bldg., etc.) <u>-</u>	(CITY OR TOWN) <u>-</u>	(COUNTY) <u>-</u>	(STATE) <u>-</u>
HOMICIDE	INJURY	HOW DID INJURY OCCUR?		
TIME (Month) (Day) (Year) (Hour) OF INJURY <u>-</u>	INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/>			

22. I hereby certify that I attended the deceased from November 51, 1951, to 4 APRIL 51, 1951, that I last saw the deceased alive on 4 APRIL 51, 1951, and that death occurred at 2:20 P m., from the causes and on the date stated above.

SIGNATURE George E. Gulean ADDRESS Chesidge DATE SIGNED 4 APRIL 51

23. BURIAL, CREMATION, REMOVAL (Specify) Burial DATE 4/7/51 NAME OF CEMETERY OR CREMATORY Holy Redeemer LOCATION (City, town, or county) Baltimore (State) MD

DATE REC'D BY LOCAL REG 4-51 REGISTRAR'S SIGNATURE LL 24. FUNERAL DIRECTOR Wm. J. J. 1217 St. Paul St ADDRESS 100105

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dlst. *N 190*

3845

1. PLACE OF DEATH- COUNTY <i>Howard</i> CITY (If outside corporate limits, write RURAL and OR give nearest town) <i>Elkridge</i> HOSPITAL OR INSTITUTION OR STREET ADDRESS <i>5400 Race Rd</i>		MARYLAND LENGTH OF STAY (in this place)		2. USUAL RESIDENCE (HOME) OF DECEASED- STATE <i>Md</i> COUNTY <i>Howard</i> CITY (If outside corporate limits, write RURAL and OR give nearest town) <i>Elkridge</i> STREET ADDRESS (If rural, give location) <i>5400 Race Rd</i>	
3. NAME OF DECEASED (Type or Print) <i>James Milton Taylor</i>	(First)	(Middle)	(Last)	4. DATE OF DEATH <i>April 21 1951</i>	(Month) (Day) (Year)
5. SEX <i>Male</i>	6. COLOR OR RACE <i>col</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <i>Married</i>	8. DATE OF BIRTH <i>Nov 22 1891</i>	9. AGE last birthday <i>69</i> yrs.	If under 1 year Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Truckman</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>FOR R</i>		11. BIRTHPLACE (State or foreign country) <i>Davidson, N.C.</i>	
13. FATHER'S NAME <i>Shannon Taylor</i>			12. CITIZEN OF WHAT COUNTRY? <i>USA</i>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <i>no</i>			16. SOCIAL SECURITY NO. <i>705-07-4787</i>		
17. INFORMANT AND ADDRESS <i>Hannie Taylor 5400 Race Rd (Wife) Elkridge</i>					

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause

(a) *Bronchopneumonia*

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) *Convulsions secondary to*

RT Hemiplegia

(c) *Myocardial infarction*

11. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

none

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/>	HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from *Sept 22, 1950*, to *Apr 21, 1951*, that I last saw the deceased

alive on *Apr 20, 1951*, and that death occurred at *2 a.m.*, from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify) <i>Burial</i>	DATE THEREOF <i>4/24/51</i>	NAME OF CEMETERY OR CREMATORY <i>Arbutus Memorial Pk.</i>	LOCATION (City, town, or county) <i>Balto, Md.</i>	(State)
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DATE REC'D BY LOCAL REG. <i>4/24/51</i>	REGISTRAR'S SIGNATURE <i>H.W. Hedlund</i>	24. FUNERAL DIRECTOR <i>Holland Funeral Home</i>	ADDRESS <i>1631 Druid Hill Ave.</i>
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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

9770506

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 194

3846

1. PLACE OF DEATH- COUNTY <u>Howard</u> MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED- STATE <u>Maryland</u> COUNTY <u>Howard</u>	
CITY (If outside corporate limits, write RURAL and give nearest town) TOWN <u>Ellicott City (Rural)</u>		CITY (If outside corporate limits, write RURAL and give nearest town) TOWN <u>Ellicott City (Glenelg)</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>Vineyard Road</u>		STREET ADDRESS (If rural, give location) <u>Vineyard Road</u>	
3. NAME OF DECEASED (Type or Print)	(First) <u>James</u> (Middle) <u>Albert</u> (Last) <u>Thompson</u>	4. DATE OF DEATH	(Month) <u>4-14-51</u> (Day) <u>19</u> (Year)
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>Widower</u>	8. DATE OF BIRTH <u>11-21-1874</u>
9. AGE last birthday <u>76</u> yrs.		10. AGE last birthday If under 1 year Months Days If under 24 hrs. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farm Labor</u>	
11. BIRTHPLACE (State or foreign country) <u>Dayton, Md.</u>		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME <u>Unknown</u>		14. MOTHER'S MAIDEN NAME <u>Unknown</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY No. <u>None</u>	
17. INFORMANT AND ADDRESS <u>Mrs. John Curran, Dayton, Md</u>			

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		18. MEDICAL CERTIFICATION	INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a) <u>Acute cardiac failure</u>			<u>30 minutes</u>
Antecedent cause (b) <u>Arteriosclerotic heart disease & auricular fibrillation</u>			<u>10 years</u>
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c) <u>Benign prostatic hypertrophy</u>			<u>10 years</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN)	(COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/>	HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>June 14, 1948</u> , to <u>April 14, 1951</u> , that I last saw the deceased alive on <u>April 14, 1951</u> , and that death occurred at <u>7:30 P</u> m., from the causes and on the date stated above.			
SIGNATURE <u>Charles S. Whitaker, M.D.</u>		DATE SIGNED <u>April 16, 1951</u>	
23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
<u>Burial</u>	<u>4-17-51</u>	<u>Providence</u>	<u>Glenelg, Md</u>
DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS	
<u>4-16-51</u>	<u>Marie A. Whitaker</u>	<u>F.C. Higinbotham, Ellicott City, Md.</u>	

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A13

820105

RECEIVED

APR 18 1951

BUREAU V.S.